

TRAVEL EXPENSE CLAIM

See Instructions and *Privacy
Statement On Reverse Side

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STD 262 (REV 6/93) (DHS Electronic)

CLAIMANT'S NAME John C. Duncan		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Industrial Relations	
POSITION	CB/D NUMBER	DIVISION OR BUREAU Director's Office		INDEX NUMBER	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS 455 Golden Gate Avenue, 10th Fl.		TELEPHONE NUMBER	
CITY	STATE CA	ZIP CODE	CITY San Francisco,	STATE CA	ZIP CODE 94102

(1) MONTH/YEAR		(3)	(4)	(5) MEALS			(6)	(7) TRANSPORTATION				(8)	(9)	
(2)		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS	(B) TYPE USED	(C) CARFARE TOLLS PARKING	(D) PRIVATE CAR USE MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME													
3	0700	Tiburon to Sacramento;							PC	P	12.00			
	1900	return								T	4.00	184	92.00	108.00
4	0700	Tiburon to Sacramento;							PC	P	20.00			
	1900	return								T	4.00	184	92.00	116.00
17	0700	Tiburon to Sacramento;							PC	P	20.00			
	1900	return								T	4.00	184	92.00	116.00
21	1000	Tiburon to Oakland Airport;							PC					
	2230	to Baltimore, MD	153.23			18.00						35	17.50	188.73
22		Baltimore, MD	153.23			18.00								171.23
23		Baltimore, MD	153.23			18.00								171.23
24	0600	Baltimore, MD to Oakland							T		30.00			
	1600	Airport to San Francisco		6.00					PC	P	88.00			124.00
24		"								T	4.00			
												22	11.00	15.00
26	0700	Tiburon to Oakland Airport;							PC	P	22.00			
	1820	to LAX; return								P	4.00	70	35.00	61.00
(10) SUBTOTALS			459.69	6.00		54.00					212.00	679	339.50	1071.19
COLUMN CODE (ACCTG USE ONLY)														
CLAIM TOTAL												679		\$1,071.19

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)							(12) NORMAL WORK HOURS	
2/3-4: Meetings in Sacramento; worked from DIR Sacramento office.								
2/17: Meetings in Sacramento; worked from Sacramento DIR office.								
2/21/24: Attended the Occupational Safety and Health State Plan Association's winter meeting in Baltimore, MD							(13) PRIVATE VEHICLE LICENSE NUMBER	
2/26: Keynote presentation at the Division of Workers' compensation Educational Conference in Los Angeles								
CALSTARS CODING							(14) MILEAGE RATE CLAIMED	
FY	INDEX	OBJ	AG	PCA	#REF	PROJ-WP	\$0.500	
(15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have requirements as prescribed by SAIM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt							AGENCY ACCOUNTING OFFICE	
							USE ONLY	
CLAIMANT'S SIGNATURE							PAID BY REVOLVING FUND CHECK NO.	
DATE							(16) SIGNATURE, OFFICER APPROVING TRAVEL&PAYMENT	
							DATE	

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE AND TITLE (See item 17 in instructions)

DATE